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ABSTRACT

In the fall of 1991, the Western Regional Center for Drug-Free Schools and communities published "Alcohol and Other Drug Prevention: An Overview for Educators." This model course outline was designed to assist institutes of higher education in offering preservice and continuing education courses for teachers and other educational personnel. This report describes the experiences and perceptions of the instructor and class participants at the California State University, Hayward (CSUH), who used the model course materials as well as documents the reasons and circumstances that impeded its implementation at the University of the Pacific (UOP) and John F. Kennedy University (JFK). Findings in eight areas are reported: (1) CSUH piloted the model course, and UOP and JFK reviewed it; (2) Teachers considered the content of the model course important to their professional development while nurses and counselors considered it to be a review; (3) Class participants identified particularly helpful content areas; (4) Model course content was too repetitive; (5) There were gaps in format and content of model course; (6) Class participants found format disjointed while the instructor found it easy to follow; (7) General concerns about the course were identified; and (8) Useful course aspects were listed. Three appendixes contain interview protocols. (JBJ)

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Western Regional Center
DRUG-FREE SCHOOLS AND COMMUNITIES

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ALCOHOL AND OTHER DRUG PREVENTION: AN OVERVIEW FOR EDUCATORS

A Description of the Implementation of a Model Course Outline

September 1992

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Alcohol and Other Drug Prevention: An Overview for Educators

A Description of the Implementation of a Model Course Outline

BethAnn Berliner

September 1992

Far West Laboratory for Educational Research and Development
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INTRODUCTION

In the fall of 1991, the Western Regional Center for Drug-Free Schools and Communities published *Alcohol and Other Drug Prevention: An Overview for Educators.* This model course outline was designed to assist institutes of higher education (IHEs) in offering preservice and continuing education courses for teachers and other educational personnel. Training teachers, administrators, nurses, and counselors to understand alcohol and other drug use (AOD) is essential to the prevention of both AOD use among children and youth and related problems such as delinquency, teen pregnancy, and dropping out of school.

This course was developed to provide teachers and other educational personnel with a working knowledge and understanding of:

- The effects and consequences of AOD use on children and youth, their families, the schools, the community, and society at large;
- The social, psychological, and physical factors that promote or inhibit AOD use; and
- The strategies necessary to create a successful and comprehensive approach to drug-free schools and communities.

The model course outline is divided into 12 sessions, each with specific learner outcomes. It was designed to serve as either an instructor's curriculum guide or as a framework from which instructors can develop their own courses. Two additional resources were developed to complement the course outline: the *Instructional Text on Alcohol and Other Drug Prevention: An Overview for Educators* is a compilation of training and research materials for students that match the instructor's guide, and the *Instructors's Appendix to Alcohol and Other Drug Prevention: An Overview for Educators* is a compilation of materials for use in the implementation of course activities.

During the past year, three IHEs in the Northern California service area either reviewed or implemented the model course materials. This report describes the experiences and perceptions of the instructor and class participants at the California State University, Hayward (CSUH) who used the model course materials as well as documents the reasons and circumstances that impeded its implementation at the University of the Pacific (UOP) and John F. Kennedy University (JFK). It is intended to provide formative information to the Western Regional Center for Drug-Free Schools and Communities about the content, delivery, and format of the pilot AOD prevention course.

STUDY DESIGN

The design for the study was developed by Western Regional Center staff at Far West Laboratory. Throughout the 1991-1992 school year, staff established and maintained contact with key instructors and administrators at the three participating IHEs. Table 1 displays the role of the key contacts at each IHE and the type of data collected. Interviews with the key contacts at UOP and JFK were conducted in April 1992 (See Appendix A for protocol) and with the instructor and class participants at CSUH in May and June 1992 (See Appendix B and C respectively for protocols). Additional data included a content analysis of written reviews of each session of the model course by the CSUH class participants.

TABLE 1

Data Sources and Key Contacts at Participating IHEs

INSTITUTE OF HIGHER EDUCATION	CONTACT	DATA
University of the Pacific	Instructor, School of Education	Telephone Interview
John F. Kennedy University	Dean, Graduate School of Professional Psychology, and Instructor, School of Education	Telephone Interview On-Site Interview
California State University, Hayward	Instructor, School of Education	On-Site Interview
	Class Participants (n=5)	Telephone Interviews
	Class Participants (n=72)	Written Review of Sessions

FINDINGS OF THE STUDY

1. **In the Northern California service area, CSUH piloted the implementation of the model course, and UOP and JFK reviewed the model course materials and considered implementing it in the future.**

♦ At CSUH, the model course outline, instructional text, and instructor's appendix were used in two Extension Division courses offered in 1991-1992: "Curriculum for Drug-Free Schools" (five quarter units) and "Seminar For Drug-Free Schools" (two quarter units). The courses were offered in seven session blocks during the fall, winter, and spring quarters. They followed all twelve sessions of the model course sequentially, and the instructor *"used the assignments loosely, showed a number of videos recommended by the curriculum, and didn't pay attention to the learner outcomes."* The learner outcomes were described as important guideposts had the class participants been undergraduates. No exams were given and all assignments *"were practical and practitioner-oriented."*

The instructor was introduced to the model course by Western Regional Center staff. Upon his review of the materials and the subsequent agreement to pilot the model course, the instructor met with each principal in the two school districts (Mt. Diablo Unified School District and Oakland Unified School District) that participated in the pilot. The principals nominated the teachers, nurses, and counselors who participated in the courses. Two U.S. Department of Education Drug-Free Schools and Communities grants provided each participant a stipend of $50.00 or $70.00 per session depending upon the district. The CSUH course was not designed for preservice teachers, and the pilot included 72 credentialed teachers and other educational personnel earning continuing education units.

♦ At UOP, the model course outline, instructional text, and instructor's appendix were proposed for use in a Lifelong Learning course in winter quarter 1992: "Alcohol and Drug Education for Teachers" (one quarter unit). The course, designed for undergraduate students and credentialed teachers, was cancelled because there was insufficient enrollment.

The instructor, who contacted the Regional Center after reading an article in the *Western Center News,* was introduced to the model course by Far West Laboratory staff. He reviewed the materials, and decided that he *"liked the whole package."* As a seasoned instructor who has taught AOD prevention for more than ten years, he noted that the materials were current and comprehensive, though *"not new...the whole approach to AOD prevention and education is the same as other competing curricula."* The format, he explained, would need to be

"boiled down to a more manageable set of sessions" to be used for a one unit course; for other less experienced instructors, he felt the course materials allowed them with *"minimal time and effort to get educated about AOD issues and start using it [the model course] to facilitate a workshop or develop a course."*

♦ At JFK, the model course outline, the instructional text, and the instructor's appendix were reviewed by the dean of the Graduate School of Professional Psychology and an instructor for the courses: "The Healthy Child" (one and a half quarter units), a required course for preservice teachers, and "Working with Challenged Youth in Challenging Systems" (two quarter units) in the addiction studies certificate program.

The dean was introduced to the model course Western Regional Center staff. He explained that for more ten years JFK has offered a *"well-established, high quality"* Master's Degree program in clinical psychology with an emphasis on addiction and a certificate program in addiction studies. The primary reason the dean did not recommed the implementation of all or parts of the model course is that he was resistant to restructuring his current programs. The materials were described as *"better than average, relevant but not concise, and in need of being scaled back."* He noted that the course could be best used for preservice teacher training and inservice training through school districts or community-based organizations.

The instructor said that the model course was composed of *"important stuff but not new stuff."* He liked the fact that the materials allowed an instructor to select topical information and activities based upon the skills and backgrounds of the class participants. In designing future courses, he will consider using some of the handouts, activities, and lists of factual information from the model course to supplement the curriculum he uses.

2. **Teachers considered the content of the model course important to their professional development while nurses and counselors considered it to be a review.**

Class participants rated the importance of the information presented in the model course differently depending upon either the number of years they were teachers or their professional role in the schools. Teachers new to the profession considered the content *"helpful," "relevant,"* and a good way to *"soak up new information"* and *"start learning how to better infuse AOD prevention information into the curriculum."* A more veteran teacher explained that the course provided a good baseline of current information. Nurses and counselors may be better prepared than teachers to address AOD prevention because of the

nature of their work. One school nurse said the model course *"refreshed what we already know."*

3. **Class participants identified the following content areas as particularly helpful to their professional development:**

- Confidentiality and legal issues;
- Parent involvement in AOD prevention;
- Comparative information about AOD use among children, youth, and adults;
- Enabling and co-dependent behavior;
- Systems approach to AOD prevention;
- Risk and protective factors;
- Stages of addiction and recovery.

Overall, the class participants reported that the content of the model course was comprehensive, covering the *"whole continuum of information."*

4. **The content of the model course was too repetitive.**

The repetition of content in both the instructor's guide and the text was a *"frequent complaint"* of class participants. One nurse commented that the course is *"so repetitive they would get bogged down."* Other teachers said that they *"skipped around"* the text to avoid reading about a topic already addressed and that the content should be more streamlined.

The instructor explained that while the text reinforced the instructor's guide, the material was *"overkill"* and the text read as an *"undigested anthology."* He recommended that the text be edited to reduce so much overlapping information.

5. **There were gaps in the content and format of the model course that were filled with supplementary materials and activities.**

Throughout the course the instructor provided supplementary materials on specific content areas such as cocaine and marijuana use and other areas that had *"deficient information."* Because the class participants *"wanted curricular materials that can be carried into the classroom,"* the instructor provided several published curricula and lesson plans for the teachers to tailor to their classes. Since the format of the model course did not include *"real life scenarios,"* the instructor also added activities from case-based, interactive booklets and invited several recovering teens and young adults to participate in class discussions.

"Teachers and administrators live in a political world," explained the instructor, *"and the [model course] didn't address these types of issues."* Discussions of political topics such as the ease by which minors illegally purchase alcohol and cigarettes or the pervasiveness of parental permission for minors to use alcohol were not included in the materials. The course emphasis on psychological and pharmacological information left a gap in the political aspects of AOD use.

6. **While class participants considered the format of the model course to be somewhat disjointed, the instructor considered it easy to follow.**

Class participants reported that the format of the course materials was not always clear. The connections between earlier sessions appeared to be easier to follow than the later sessions. One nurse said she *"got lost"* in the middle of the course because the sessions did not *"build upon one another."* Another teacher described a similar confusion with both the substantive and logistical progression of the sessions, and suggested that information be clustered topically and colored paper be used to differentiate sections.

The instructor *"could see a progression and follow it fairly easily."* He felt the instructional text reinforced the course outline, and that the sessions were well-structured.

7. **Class participants and the instructor identified the following general concerns about the model course:**

♦ There were weak links between the model course and the skills, strategies, and background information needed for teachers to develop their own AOD curriculum. Class participants expected to be able to apply more of the

model course materials to their own classes and were somewhat disappointed that there was no emphasis on curriculum development and lesson planning. The instructor concurred that this was a limitation of the model course, and supplemented the course with other materials that had direct classroom applications.

- There was frustration that the class participants did not include site and district administrators. The teachers, nurses, and counselors felt stymied because they have no authority to *"take the information from class and move on to the next steps, like the development of district prevention programs across the curriculum."* One teacher explained that *"there is no other way"* to develop a prevention program; without including administrators, the ideas and knowledge gained through the course will not become site or district policy.

8. **Class participants identified the following aspects of the model course as particularly useful:**

- Gaining factual information about AOD use and its interrelatedness to other risk behaviors;
- Sharing AOD prevention ideas, strategies, problems, and solutions with other teachers, nurses, and counselors; and
- Encouraging the development or improvement of school-based AOD prevention efforts and trying to link individual efforts to those of colleagues across the curriculum and throughout the district.

POINTS FOR FURTHER DISCUSSION

There is no ongoing or systematic effort to disseminate the model course. For this reason, its current distribution is very limited.

Based upon the data collected for this descriptive study, it appears that the model course could be particularly effective during preservice teacher training.

A formative evaluation comparing multiple pilot sites could provide insight to improving the content, delivery, and format of the model course. A follow-up evaluation may indicate any appreciable gains in knowledge, attitude, behavior, and skills.

APPENDIX A

Interview Protocol

Model Course - Not Implemented

1. How long have you been teaching courses that address AOD prevention (years, # courses)?

2. How did you first hear about the WRC's model prevention curriculum?

3. Have you or other faculty reviewed the curriculum? (Probe to what extent: skim, moderate, thorough)?

4. Since you haven't actually implemented it, what's your general sense of it in terms of:

   a. New, pertinent, or concise information?

   b. Overall content, structure, or format?

5. Why might your campus be interested in using all or part of the curriculum?

6. Do you have tentative or firm plans to use the curriculum in the near future?

   a. If no, why, what constraints?

   b. If yes, in what kind of course/s (preservice, inservice), to whom (teachers, nurses, counselors), when?

7. Anything else you'd like to describe for us that might help us to better understand the usefulness of the curriculum?

Thanks

APPENDIX B
Interview Protocol
Model Course - Implemented (Instructor)

I. Background

1. How long have you been teaching courses that address AOD prevention (years, # courses)?

2. How did you first hear about the WRC's model prevention curriculum?

3. In how many courses have you used the curriculum?

   a. Course titles, # units (# contact hours), when offered?

   b. Participants (preservice, inservice) and to whom (teachers, nurses, counselors)?

   c. Plans to continue implementation in these classes or to use it in other classes?

II. Content

1. In terms of content, how useful is the curriculum and instructional text?

   a. Describe what's most and least useful to you as an instructor. Examples.

   b. New, pertinent, or concise information? Examples.

   c. Handouts, assignments? Examples.

2. Was the content comprehensive or was there a need to augment the curriculum? If so, in which areas and what resources did you use?

3. Reflecting on either informal or formal feedback from your students, what do you think they consider to be the most or least helpful attributes of the content?

   a. Based upon our review of their feedback, it appears that students found the following content areas most helpful: 1) confidentiality and legal issues, 2) parent involvement, 3) comparison of AOD use between adolescents and adults, 4) understanding enabling and co-dependency, 5) systems approach to AOD prevention, 6) listings e.g. stages of addiction and recovery, risk factors.

b. Based upon our review of their feedback, it appears that students found the following least helpful: 1) repetitiveness in the content and documents, 2) relatively remedial level of materials addressing basic awareness of AOD use, 3) lack of real life scenarios to complement research materials.

4. Did the content of the model course match the intended learner outcomes?

5. Was the content of recommended films, videos, and other resources valuable, contemporary, and well-received by the students?

III. Structure and Format

1. In terms of structure and format, how useful is the curriculum and instructional text? Is the curriculum user-friendly for instruction? Have you received feedback from students about the structure and format of the instructional text? Explain.

   a. Did you include all sessions in your course or did you pick and choose? Describe selection process.

   b. Did you use the listing of recommended assignments and focus questions for each session? If so, were they helpful?

   c. Did you use the suggested list of activities and small group activities or were they a departure point for you to develop your own? Example of most/least effective activity. Explain.

2. Did you think the curriculum sessions dovetailed with the instructional text, or did you discover gaps that you had to fill? Explain.

   a. Did each session cover an appropriate amount of information through readings, assignments, activities?

3. Was the format of the curriculum and instructional text easy/difficult to follow? Explain.

4. Since the curriculum doesn't include sample quizzes or exams, did you 1) develop your own or 2) not administer them?

5. Did you use the instructor's appendix for accessing supplementary resources or making transparencies? Explain.

6. Anything else you'd like to describe for us that might help us to better understand the usefulness of the curriculum?

Thanks.

APPENDIX C
Interview Protocol
Model Course - Implemented (Class Participants)

I. Background

1. How long have you been teaching courses or providing services that address AOD prevention (years, # courses, services)?

II. Content

1. In terms of content, how useful is the curriculum and instructional text?

   a. Describe what's most and least useful to you as a class participant. Examples.

   b. Was the content new, relevant to your professional roles and responsibilities, or concise? Examples.

   c. Handouts, assignments? Examples.

2. Was the content comprehensive or was there a need to augment the curriculum? If so, in which areas and what resources did you, other class participants, or the instructor use?

3. Did the content of the model course match the intended learner outcomes?

4. Was the content of recommended films, videos, and other resources valuable, contemporary, and well-received by you and the other class participants?

III. Structure and Format

1. In terms of structure and format, how useful is the curriculum and instructional text? Is the curriculum user-friendly for instruction? Explain.

   a. Did your class include all sessions in the course or did the instructor pick and choose?

   b. Was the format of the assignments and activities relevant to your professional roles and responsibilities?

2. Did you think the curriculum sessions built upon one another and dovetailed with the instructional text, or did you discover gaps. If so, how were they filled? Explain.

a. Did each session cover an appropriate amount of information through readings, assignments, activities?

3. Was the format of the curriculum and instructional text easy/difficult to follow? Explain.

6. Anything else you'd like to describe that might help us to better understand your experience participating in the model course and using the pilot materials.

Thanks